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\*\* CONTINUING DATA \*\*\*\*\* *none*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>ns</i> Initials	WI	8	30	11

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## TITLE

Bacteria with reduced genome

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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<p>RECEIVED 1722</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td data-bbox="1380 202 1976 268"> <input type="checkbox"/> 1.18 Fees ( Issue ) </td> </tr> <tr> <td data-bbox="1380 268 1976 334"> <input type="checkbox"/> Other _____ </td> </tr> <tr> <td data-bbox="1380 334 1976 402"> <input type="checkbox"/> Credit </td> </tr> </table>	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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